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<b>Fax Contains:</b> 19 pages (including this sheet). If incomplete, call Christa Carter 650.833.7708		
<b>Re:</b> U.S. Patent Application Serial No. 09/060,188 "Method of Identifying Modulators of Cell Surface Membrane Receptors Useful in the Treatment of Disease" First Named Inventor: BEHAN, Dominic P. Atty Docket No.: AREN-001CIP Art Unit: 1646 Examiner: HOWARD, Zachary C.		
<b>Message:</b> <ul style="list-style-type: none"> <li>• Transmittal (1 pg)</li> <li>• Extension of Time, in duplicate (2 pgs)</li> <li>• CC Authorization form, in duplicate (2 pgs)</li> <li>• Amendment (13 pgs)</li> </ul>		

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	09/060,188	
		Filing Date	April 14, 1998	
		First Named Inventor	BEHAN, DOMINIC P.	
		Group Art Unit	1646	
		Examiner Name	HOWARD, ZACHARY C	
Total Number of Pages in This Submission		18	Attorney Docket Number	AREN-001CIP
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<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached (CC Authorization form, in duplicate) <input checked="" type="checkbox"/> Amendment / Reply (13 pgs) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (in duplicate, 2 pgs) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)		<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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Signature				
Date	April 2, 2007			

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